

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

American Hospital Association

(b) Address (number and street) ☐ check if different than previously reported

325 Seventh Street, NW Suite 700

(c) City, State and ZIP Code

Washington

DC

20004

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30001788

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

through

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

(b) Communication Title Know

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Melinda Hatton

(b) Address (number and street)

325 Seventh Street, NW

(c) City, State and ZIP Code

Washington

DC

20004

(d) Name of Employer or Principal Place of Business

American Hospital Association

(e) Occupation

General Counsel

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

585000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Melinda Hatton

SIGNATURE Electronically Filed by Melinda Hatton

DATE 10/19/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

PAGE 2 / 5

11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transaction ID : F91.000001	
	Mark Seklecki		
	(b) Address (number and street)		
	325 Seventh Street, NW Suite 700		
	Suite 700		
	(c) City, State and Zip Code		
	Washington	DC	20004
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
	American Hospital Association	Vice President	

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

PAGE 3 / 5

A. Full Name (Last, First, Middle Initial) of Payee GMMB, Inc.				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0</div> </div>			
Mailing Address of Payee 1010 Wisconsin Avenue, NW Suite 800				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">116000.00</div>			
City Washington		State DC		Zip Code 20007		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0</div> </div>	
Name of Employer		Occupation		Transaction ID : F93.000001			
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising & Production							
Name of Federal Candidate Jason Altmire		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: PA District: 04		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000002							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee GMMB, Inc.				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0</div> </div>			
Mailing Address of Payee 1010 Wisconsin Avenue, NW				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">112000.00</div>			
City Washington		State DC		Zip Code 20007		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0</div> </div>	
Name of Employer		Occupation		Transaction ID : F93.000002			
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising & Production							
Name of Federal Candidate Frederick Boucher		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: VA District: 09		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000004							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)				<div style="border: 1px solid black; padding: 2px; text-align: right;">228000.00</div>			
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

PAGE 4 / 5

A. Full Name (Last, First, Middle Initial) of Payee GMMB, Inc.				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0</div> </div>			
Mailing Address of Payee 1010 Wisconsin Avenue, NW Suite 800				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">87000.00</div>			
City Washington		State DC		Zip Code 20007		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0</div> </div>	
Name of Employer		Occupation		Transaction ID : F93.000003			
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising & Production							
Name of Federal Candidate Daniel Maffei		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NY District: 25		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000006							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee GMMB, Inc.				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0</div> </div>			
Mailing Address of Payee 1010 Wisconsin Avenue, NW Suite 800				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">118000.00</div>			
City Washington		State DC		Zip Code 20007		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0</div> </div>	
Name of Employer		Occupation		Transaction ID : F93.000004			
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising & Production							
Name of Federal Candidate Michael Ross		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: AR District: 04		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000008							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)				<div style="border: 1px solid black; padding: 2px; text-align: right;">205000.00</div>			
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

PAGE 5 / 5

A. Full Name (Last, First, Middle Initial) of Payee GMMB, Inc.				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0</div> </div>	
Mailing Address of Payee 1010 Wisconsin Avenue, NW Suite 800				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">152000.00</div>	
City Washington	State DC	Zip Code 20007	Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0</div> </div>		
Name of Employer 			Occupation 		
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising & Production					
Name of Federal Candidate Zachary Space F94.000010	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 18	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
SUBTOTAL of Disbursement/Obligation This Page (optional)				<div style="border: 1px solid black; padding: 2px; text-align: right;">152000.00</div>	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				<div style="border: 1px solid black; padding: 2px; text-align: right;">585000.00</div>	